

## **CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR CHRONIC CEREBROSPINAL VENOUS INSUFFICIENCY TREATMENT**

Applies to: Commercial - HMO  POS  PPO  Medicare Advantage

Network list: <https://wa-provider.kaiserpermanente.org/communications/letters>

**Effective December 1, 2024**, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating the Chronic Cerebrospinal Venous Insufficiency Treatment in Patients with Multiple Sclerosis policy.

### **Explanation of the change:**

Kaiser Permanente will start reviewing requests for this service using the Medically Necessary Services policy.

To review the Chronic Cerebrospinal Venous Insufficiency Treatment clinical review criteria, please visit the Kaiser Permanente provider website at: [https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/cerebrospinal\\_venous\\_insufficiency\\_treatment.pdf](https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/cerebrospinal_venous_insufficiency_treatment.pdf)

### **Is prior authorization required?**

- KFHPWA Health Maintenance Organization (HMO) members: Prior authorization is required.
- KFHPWAO Point of Service (POS) members: Prior authorization is required for in-network coverage.
- KFHPWAO Preferred Provider Organization (PPO) members: Prior authorization is required.
- Medicare Advantage: Prior authorization is required.

Questions: Contact Provider Assistance Unit at 1-888-767-4670, Monday through Friday, 8 a.m. to 5 p.m.

**Kaiser Foundation Health Plan of Washington**  
**Kaiser Foundation Health Plan of Washington Options, Inc.**  
Provider Communications, RCR-A3W-04  
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